DOCUMENT RESUME

ED 201 951 CG 015 182

AUTHOR Kiernan, Bette Unger; And Others
TITLE A Preventative Child Abuse Program.
PUB DATE Sep 80
NOTE 21p.; Paper presented at the Annual Convention of the American Psychological Association (88th, Montreal, Quebec, Canada, September 1-5, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; Child Development; Child Neglect; *Fatherless Family; Group Dynamics; Helping Relationship; Mother Attitudes; *Parent Child Relationship; *Parent Counseling; *Prevention; Program Descriptions; *Psychological Needs

ABSTRACT

This article describes the Child Development and Parenting Program (CDP), a preventative child abuse program that assists single women who are pregnant or have preschool children to cope constructively with the problems of single parenting. The short-term goals of the program, i.e., providing education in child development and parenting skills and meeting the social and emotional needs of the mothers, are presented as means to achieve the long-term goal of pre- venting child abuse and neglect. The client population, single women at-risk for child abuse, is described and referral methods are noted. Weekly group meetings, in which staff and volunteers provide a group support system to diminish environmental, psychological, and social stresses associated with child abuse, are reviewed. Innovative techniques are discussed, including provision of meals, creation of a family atmosphere, facilitation of maternal-infant bonding, and utilization of multiple community resources. An evaluation of the 64 women referred to CDP over a 2 year period is included, reflecting the absence of abuse or neglect when the mother entered the program during pregnancy. (NRB)

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A PREVENTATIVE CHILD ABUSE PROGRAM

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BETTE UNGER KIERNAN
KAY CONNELLY WESTRUM
JUDY MARINKOVICH LEAHY

CRITTENTON FRIENDS, INC.
PALO ALTO, CALIFORNIA

A PREVENTATIVE CHILD ABUSE PROGRAM

BETTE UNGER KIERNAN, KAY CONNELLY WESTRUM and JUDITH MARINKOVICH LEAHY
CRITTENTON FRIENDS, INC., PALO ALTO, CALIFORNIA

The Child Development and Parenting Program (CDP) is a preventative child abuse program serving single mothers, pregnant, or with infants. Staff and volunteers are used to diminish environmental, psychological, and social stresses associated with child abuse by providing a group support system aimed at nurturing the mothers and educating them in parenting skills. Trusting and caring relationships are developed in weekly group meetings. Innovative techniques are utilized such as providing a noon meal which encourages attendance and group bonding, creating a family atmosphere, actively facilitating maternal-infant bonding, and utilizing multiple community resources. Since the establishment of the CDP there have been no incidents of abuse or neglect when the mother entered the program during pregnancy.

PROGRAM

Crittenton Friends, Inc. is an independent, non-sectarian, non-profit social agency that assists single women who are pregnant or have preschool children to cope constructively with the problems of single parenting.

The women who are referred to Crittenton Friends for help (Tables 1 and 2) possess the cluster of social and psychological stresses that have been associated with child abuse (Gray, Cutler, Dean & Kempe, 1977; Helfer, 1976; Morse, Hyde, Newberger & Reed, 1977; Oliver, 1977). These stresses include mother unmarried, great depression over pregnancy, serious consideration of abortion or relinquishment of child, isolation, lack of family and other support systems, and inadequate living conditions. Sev-

Table 1

Predictive Factors in Child Abuse

	Pregnant or Infant <6 weeks on entry Continued attendance after delivery Attended 10 or more meetings												Infant > 6 weeks on entry Attended 10 or more meetings											
Case	B.L.	D.V.	H.B.	B.K.	D.H.	L.L.	P.E.	M.M.	R.C.	L.J.	P.D.	A.V.	M.S.	J.B.	D.P.	T.R.	M.V.	S.O.	Z.G.	J.Y.	K.G.	A.M.	H.N.	P.C.	M.J.	T.D.	R.L.	S.G.	P.J.
Gray, et al.																													
1. Overconcern with baby's sex			X																										
2. Overconcern with baby's performance			X									X	X										X	X					
3. Attempt to deny pregnancy	X						X		X		X			X			.		.	.	.	.	.	.	.	.	.		X
4. One child too many - "last straw"			X									X							X		X					X		X	
5. Great depression over pregnancy	X	X	X	X		X			X	X	X	X		X	X		X	X			X	X	.	X	.	X	.	X	.
6. Mother alone and frightened	X	X	X	X		X	X		X	X	X	X		X	X		X	X	X	X	X	X	X			X		X	X
7. Support lacking from husb/family	X		X		X	X	X	X	X	X	X	X		X			X	X	X	X	X	X	X			X	X	X	X
8. Isolation:no listed telephone/ no family/friends nearby							X		X		X			X							X		X			X		X	
9. Considered abortion	X	X	X			X			X	X	.	X			X		.	.		.	.		X		.	X	.	.	
10. Considered relinquishment															X				X			X	X						
Helfer, et al.																													
1. Great depression over pregnancy	X	X	X	X		X			X	X	X	X		X	X		X	X			X	X	.	X	.	X	.	X	.
2. Serious consideration of abortion	X	X	X			X			X	X	.	X			X		.	.		.	.		X		.	X	.	.	
3. Serious consideration of relinquishment															X				X			X	X						
4. Mother along and/or frightened	X	X	X	X	X	X			X	X	X	X		X	X		X	X		X	X	X	X			X		X	X
5. Lack of family or support systems	X		X		X	X	X	X	X	X	X	X		X			X	X		X	X	X	X			X	X	X	X
6. Inadequate living conditions			X	X		X	X		X	X	X	X	X	X	X		X		X	X	X		X		X	X		X	
7. Mother unmarried	X	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X		X
Hunter, et al.																													
1. Abortion considered	X	X	X		X				X	X	.	X			X		.	.		.	.		X		.	X	.	.	
2. Inadequate child spacing																												X	
3. Poor utilization of medical care			X						X		X												X						
4. Socially isolated - Poor support system	X		X		X	X	X	X	X	X	X	X		X	X		X	X		X	X	X	X			X	X	X	X
5. Marital maladjustment, separation, divorce*																												X	
6. Precarious financial situation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
7. Inadequate child care arrangements	X		X				X	X	X	X	X			X	X													X	
8. Disappointment over sex of infant			X																										
9. Impulsive personality style	X			X			X			X		X					X				X		X	X		.		X
10. Apathetic-futile personality style	X		X	X								X					X			X		X	X				X	X	
11. Childish-dependent personality style			X	X			X		X	X	X		X		X		X	X	X	X	X		X	X	X			X	X	X
12. Retarded or illiterate																													
13. Family history of abuse or neglect	X		X				.		X		X						X	.	X		X	X		X				X	X
Morse, et al.																													
1. Inadequate housing			X	X		X	X		X	X	X	X	X	X	X		X		X	X	X		X		X	X		X	
2. Employment difficulties	X		X	X			X		X	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X	X
3. Lack of Access to essential services							X		X	X	X	X		X				X		X	X	X							X

. Don't know

* Does not apply to our population

Table 2

Incidences of Community Support
Referral Sources for the Child Development and Parenting Project
July 1978 to June 1980

Referral Source	Number of Referrals
Santa Clara Social Services	9
Stanford Hospital OB GYN Social Worker	7
Other Clients	7
San Mateo Public Health Nurse	5
Santa Clara Public Health Nurse	4
Self Referred	4
Parental Stress Hotline	2
Palo Alto Information and Referral Service	2
San Mateo Social Services	2
Children's Home Society	2
Chope Hospital Social Worker	2
Service League for Prisoners and Families	1
Santa Clara Information and Referral Service	1
Palo Alto Community Child Care Center	1
Millbrae Counseling Services	1
Catholic Social Services	1
La Maze Teacher	1
School Age Mothers Program	1
Children's Protective Services, San Mateo	1
Volunteer	1
College Social Worker	1
Single Parent Resource Center	1
Friend	1
Adult Protective Services, San Mateo	1
Private Therapist	1
Unknown	1
Total Number of Referrals	64

eral instances of child abuse and neglect had been observed in the Crittenton client population, and there was a unique opportunity for a truly preventive program. It was hoped that by establishing relationships with these "at-risk" mothers during pregnancy and post-partum periods that the stresses leading to abuse would be lessened and the risk of abuse thereby reduced.

A preventative child abuse program, was established in 1978 with two short term goals of providing education in child development and parenting skills, and meeting the emotional and social needs of the mothers. It was expected that these activities would help to attain the long term goal, of preventing child abuse and neglect. Specifically, the CDP objectives attempted to 1) diminish the environmental and social stresses by providing a group support system; 2) provide encouragement, emotional support, and stimulation through the weekly meetings; 3) dispense information about child care; 4) actively intervene in times of crisis; 5) teach the importance of the parent's role in promoting the child's development; and 6) actively facilitate maternal-infant bonding.

CLIENT ANALYSIS

Single women, pregnant or with infants, are referred to the CDP from children's protective services, public health nurses, and other social and welfare workers in Southern San Mateo and Northern Santa Clara, California counties. (See Table 2).

Most of these women are at-risk for child abuse (Gray et al., 1977; Helfer, 1076; Morse et al., 1977; Oliver, 1977) and have been specifically identified as such by referral agencies. Some have already behaved toward the infant or an older child in abusive and neglectful ways. Some

of these women have been self-sufficient with many strengths but need a a support system during this time in their lives. The majority, however, are isolated with little or no family support. The women represent all socio-economic classes with lower socio-economic class predominant. All are receiving welfare and aid to dependent children. Typically 10 mothers are in attendance at the weekly CDP meeting.

The women who participated in the CDP ranged in age from 15 to 35 (see Table 3) and were members of various racial groups. (See Table 4) Most had never been married, and only 2 were married at the time of participation in the group.

The geographical areas ranged from Southern San Mateo and Northern Santa Clara counties in California. The educational range was from high school dropout to college graduate.

METHOD

The above goals are achieved by several methods. One method employed to achieve short and long term program goals is based on developing trusting and caring relationships between the mothers and volunteers. Volunteers are chosen who have knowledge of child development and parenting skills and are able to emphathize and show concern. The volunteers are trained in active listening skills and are encouraged to participate with the clients in several ways. They engage in one-to-one contacts during a lunch social time at weekly group meetings, participate in group discussions, make follow-up contacts by telephone and by home visits, and provide transportation to group meetings, medical appointments, and group social functions, etc. Clients may contact both staff and volunteers at night and on weekends and holidays. The three-to-one ratio of clients to

Table 3

Distribution of Ages of Women Participating in CDP

AGE	No.	%
15-17	4	6.2
18-20	17	26.6
21-23	16	25.0
24-26	15	23.4
27-29	1	1.6
30+	11	17.2
	64	100.0

Table 4

Distribution by Race of Women Participating in CDP

RACE	No.	%
Caucasian	47	73.4
Black	12	18.8
Spanish American	2	3.1
American Indian	1	1.6
Other	2	3.1
	64	100.0

Table 5

Distribution by Marital Status of Women Participating in CDP

MARITAL STATUS	No.	%
Never married	49	76.6
Divorced	8	12.5
Separated	3	4.7
Widowed	2	3.1
Married	2	3.1
	64	100.0

volunteers in the program permits frequent opportunities for relationships to develop. There has been a low attrition rate of volunteers. The average length of time spent by a volunteer in the program is 9 months, with a range of two to twenty-four months. There have been sixteen regular volunteers involved in the program since June of 1978. The volunteers have varied backgrounds, among them was a doctoral candidate in engineering at Stanford, a non-practicing medical doctor, an elementary school teacher, homemakers, a master's degree candidate in child development from Stanford. Attempts are made to meet the needs of the volunteers as well as the clients. For example, child care is provided for the children of volunteers, luncheons are held for the volunteers, and training sessions are individualized in order to address the diverse backgrounds and needs of the volunteers. Volunteers attend the weekly group meeting and thereby receive some benefits from being part of a cohesive on-going group system. Meeting the needs of the volunteers as well as the clients, provides a rich experience for both and prevents worker burn-out among the volunteers.

Special consideration was given at the outset of the project to motivate the mothers to come to the group meetings. Several outreach contacts by telephone and/or home visit are made to the mother by a staff person, transportation to the group meeting is arranged and provided by staff and volunteers, and child care provided at the meetings give the mother some freedom from the demands of her child. Also, of importance, food (a nourishing and attractive lunch) is served to reinforce attendance, as well as to teach the principles of nutrition. Staff, clients, and volunteers participate in lunch preparation.

The CDP functioned very well as an effective and coordinated community service. There was also very good coordination between the CDP and

other social service agencies. Referral services are given in Table 2. Several donations in food, professional services, and facilities were requested and received for the project (Tables 6 and 7). As a community based project, local businesses supported the project in unique ways that added to the success of the project. For example, a french restaurant donated soup weekly. The soup was nurturing to the mothers and served as baby food as well.

An advocacy approach (Morse, et al., 1977) has been adopted in order to give immediate help with problems. For the mother with an infant, this might include help in obtaining the tangible immediate need of the child (e.g., for a crib or clothing). Referrals are made to the welfare department for financial assistance and Medi-Cal and/or a clinic or obstetrician for prenatal care. A childbirth preparation volunteer who would later serve as a labor coach is assigned to women who would otherwise be alone during the delivery. Help is provided when necessary to deal with landlord problems and in obtaining housing. Information is given about child development and child care in order to increase coping capacities and, thereby, feelings of being in control. The lunch social and guest speakers from the community provide stimulation for the mothers as well as useful information. The women's personal problems such as depression or abuse from a boyfriend are dealt with in the group and individually by staff and volunteers. In crisis situations, mothers are assisted in securing respite care for their children. Active intervention in times of crisis prevents potentially serious situations from developing.

Helfer (1978) strongly recommends enhancing the maternal-infant bonding during the prenatal period as a preventative of child abuse. In CDP, promoting the attachment between mother and baby is of utmost importance.

Table 6

Community Systems
Incidences of Community Support
Contributions Received for Chidl Development and Parenting Project

Source	Contribution	Value of Contribution
Stickney's Bakery Palo Alto	Birthday Cake	$ 13.00
Anonymous	Cherries	34.50
Safeway Palo Alto	Food and supplies	51.48
Good Earth Restaurant Palo Alto	Food	22.90
Pot-au-Feu Restaurant Menlo Park	Food	490.00
Foothill Fancy Los Altos	Clothing	322.00
Fritzie San Francisco	Clothing	505.00
The Girlfriend Los Altos	Clothing	117.00
Rags by Cassandra San Francisco	Clothing	92.00
Palo Alto Health Foods Palo Alto	Food	62.55
The Image Palo Alto	Christmas gifts	60.00
Dana's Palo Alto	Christmas gifts	7.00
Harlan's Bakery Palo Alto	Birthday Cake	13.95
Taylor and Ng Palo Alto	Christmas gifts	18.00

Table 6

Community Systems
Incidences of Community Support
Contributions Received for Child Development an Parenting Project

Source	Contribution	Value of Contribution
Congdon & Crome, Inc. Palo Alto	Stationary	$ 3.00
Golden Crescent Bakery Palo Alto	Baked goods	30.00
Town and Country Market Palo Alto	Canned tuna	17.00
First Congregational Church Embarcadero Road Palo Alto	Meeting room and nursery	1560.00
Ming's Restaurant Palo Alto	Lunches	52.00
Old World Cheese Company Sunnyvale	Cheese	8.50
McDonald's Hamburgers Palo Alto	Lunches	56.00
Anonymous	Instant cocoa 60 pounds	49.00
Brentwood Market Palo Alto	Dairy products	133.01
Printer's Ink Palo Alto	Christmas gifts	21.00
Cost Plus Mountain View	Christmas gifts	500.00
R. Dakin Toys San Francisco	Christmas gifts	550.00
	TOTAL	$4789.89

Table 7

Community Systems
Professional Speakers from the Community and other
Community Related Events
July 1978 to April 1980

Date	Guest Speaker	Topic or Function
July 14		Swim Party
August 2	Mike Flicker, Attorney Palo Alto	Legal matters of interest to single parents
August 17	Jean Hollands, M.S. LMFC	Assertiveness Training
September 28	Kay Allexander Palo Alto Unified School District	Art Therapy
October 20	Alvin Rosenfeld, M.D. Child Psychiatry, Stanford	Discussion, Feelings about Parenting
November 3	Shirley Radl Author, Mother's Day is Over Palo Alto	Discussion, Feelings about Parenting
November 16		Group planned and prepared and ate a meal cooperatively
November 30	Frederich Lloyd, M.D. Pediatrician, Child Abuse Team, Stanford	Discussion of feelings about parenting
December 22		Christmas Party Lucy Stern Center, Palo Alto
January 18	Charmaine Moyer, President Nursing Mother's Council Palo Alto	Problems and Rewards of Breast Feedings. The Donation of Breast Milk
March 1	Virginia Price Stanford	Stress reduction and relaxation techniques
March 15	Mary Fortney Palo Alto Times	Reported on group for newspaper story

Table 7 (continued)

Date	Guest Speaker	Topic or Function
March 29	Bill Rumph and Sereta Berry Mid-Peninsula Fair Housing Palo Alto	Discussion of housing problems
April 12		Easter Party
May 17	Mike Flicker Attorney	Legal matters of interest to single parents
June 30		Swim party
July 12	Dr. Tom Tutko, Psychologist	Discussion of sexuality
July 19	Dr. Jay Mann Dr. Penny Bauer Psychologists	Discussion of sexuality
July 21		Swim party
August 8		Swim party
September 20		Picnic
October 11	Miriam Bodin, Educational Consultant, Palo Alto	Providing Infant Stimulation
December	David Lake, M.D. Psychiatrist, Palo Alto	Dealing with Depression at Holiday Time
March 27	Judy Murphy, M.D. Pediatrician, Stanford	Patterns of Infant Behavior
April 10	Slim Ingham Consumer Advocate, Palo Alto	How to Avoid "Rip-offs" by Landlords, etc.

Since most clients enter the program during pregnancy, there were opportunities to actively facilitate the bonding process. An experienced labor coach accompanied each woman who had no supporting partner, to natural child birth classes as well as through labor and delivery. In addition, breast feeding was strongly encouraged to further facilitate mother-infant bonding. At the first group meeting after the birth, the new mother is encouraged to tell the details of the delivery. Volunteers, staff, and other group members admire the new infant. The "extended family" aspect of the CDP is most apparent at such times. No abuse or neglect occurred when mothers entered the program during pregnancy. this result suggests that enhancing bonding may have been a most significant part of the program.

Child development and parenting information was dispensed in several ways. A non-directive approach was utilized in the group discussions. Questions which were brought up by clients as "Can I spoil the baby?" provided opportunities to educate about child development. A Stanford graduate student in Child Development did an internship in the program and worked with the mothers in their homes around specific problems they were having with their children. Since she attended the group meetings, she was able to respond to difficulties as they occurred. Child development information, written appropriately for the socio-economic level of the mothers was dispensed at the group meetings and discussed. Information was also mailed to the mothers in the form of a monthly newsletter. Community pediatricians and psychiatrists who were interested in the program provided talks and discussions about child rearing at the group meetings. It is noted that often the women's personal problems were so intense that they

were unable to be concerned about issues in child development. Personal issues were given priority in the group discussions; this meant that the goal of educating in child development was, by necessity, secondary to the goal of providing support for the mothers.

COST ANALYSIS

The total cost of the CDP from July, 1978 to May, 1979 was $5920.40 (see Table 8). The costs of the program were raised by approximately $5553.00 for the second year of functioning due to the addition of another part-time staff person. Funding for the project was raised from community donations of facilities and supplies, and from private, local foundations.

RESULTS

From June, 1978 until May, 1980, 64 women were referred to CDP. There were four known incidents of child abuse: neglect, where there was an alcoholic mother, and two accidents involving hot water spilled on infant's feet, and one incident of active abuse which resulted in the removal of the child from the home.

It is particularly noted that there was no abuse when mothers entered the program during pregnancy, even though two of these mothers had abused older children. This result suggests that the CDP functioned well as a preventative of child abuse in a group of "at-risk" mothers when the mothers entered the program during pregnancy. Perhaps facilitating maternal-infant bonding was a most significant aspect of the program.

Table 8

Cost Analysis
July 1978 to May 1979

Month	Xerox	Postage	Books	Child Care	Food Supplies	Miscell.
July	$11.68	$ 4.00	$2.93	$ 0.00	$ 28.68	$11.37*
August	4.36	4.00		5.00	29.59	
September	.54	7.00		24.00	22.53	
October	2.08			19.00	48.09	
November			4.00	16.00	34.38	
December				13.00	7.87	
January				32.00	45.83	
February				16.00	55.28	
March				28.00	77.59	
April	1.00			32.00	45.51	29.83**
May	____	____	____	____	____	____
TOTAL	$19.66	$15.00	$6.93	$225.00	$456.15	$41.21

*represents sunscreen purchased for mothers to use for babies at swim parties.

**represents film, easter baskets, and eggs for the children's Easter egg hunt.

Table 8 (continued)

Month	Transportation Miles	Transportation Cost	Staff Salaries
July	40	$ 5.60	$371.33
August	77	10.78	371.33
September	139	19.46	371.33
October	96	13.44	371.33
November	65	9.10	371.33
December	30	4.20	371.33
January	56	7.84	551.67**
February	35	7.84	551.67
*March	155	21.70	551.67
*April	238	40.46	551.67
*May	192	32.64	551.67
	TOTAL	$170.12	TOTAL $4986.33

Transportation costs reflect only transportation done by staff person.

Transportation cost 14¢ per mile until March of 1979 when transportation cost 17¢ a mile.

*Increased transportation costs were due to the addition of another staff person who was responsible for transportation.

**Increased salary costs represent the addition of another staff person in April and a salary raise for the other staff.

Staff salaries represent 28% of Crittenton Friends salaries for time spent in the Child Development and Parenting Program.

TOTAL PROGRAM COSTS $5920.40

DISCUSSION

Stress and situational risk factors have been strongly implicated as major contributing factors in child abuse (Hunter, Kilstrom, Kraybill, & Loda, 1978; Gray et al., 1977; Kempe & Kempe, 1978; Morse et al., 1977; Newberger & Daniel, 1976; Passman & Mulhern, 1977). The CDP acted in multifocal ways to reduce stresses and risk factors in the mother. First, a support and advocacy system was established so that a group member had several readily available persons to contact when she felt distressed and who made follow-up home visits and telephone calls. Second, an advocacy approach was adopted to give immediate help to deal with problems in the environment, (e.g., housing, furniture, clothing, medical needs). Third, social isolation was diminished by participation in the group. Fourth, information about child care may have increased feelings of being in control by increasing coping capabilities. Fifth, the lunch social and guest speakers provided stimulation for the mothers. Sixth, the women's personal problems, such as depression, were dealt with in the group and individually by staff and volunteers. Seventh, maternal-infant bonding was actively facilitated. Eighth, child care provided at the group meetings gave the mothers some freedom from the demands of their children. Caring child care persons provided good role models for the mothers. And last, crisis intervention may have prevented some potentially serious situations from developing. In summary, child abuse is stress-related and the CDP acted to prevent abuse by directly reducing stress in the mother.

SUMMARY

The Child Development and Parenting Project was developed in

response to a need for a preventative child abuse program. Since life stresses had been implicated as causal factors in abuse, the goal of the project was to reduce stress in the mother by providing an emotional and social support and advocacy system and by providing education in parenting skills. Innovative techniques were utilized in an attempt to attain the project goals (e.g., a meal was used to encourage group bonding, to motivate attendance, and to teach nutrition by example. Creative use was made of multiple community resources. Volunteers and staff were used in a ratio of one worker to three clients, which created a "family atmosphere" which gave nurturance to the mothers directly.

The CDP is easily replicable and is highly recommended as effective, efficient, and feasible as a preventative of child abuse when mothers enter the program during pregnancy.

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